



UTAH FACIAL PLASTICS  
Transformation you can Trust

## Welcome To Our Office

PLEASE PRINT

Date \_\_\_\_\_ Name (First, MI, Last) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender: (M) (F) SSN \_\_\_\_\_ Marital Status: M S W D  
Race: \_\_\_\_\_ Ethnicity \_\_\_\_\_ Preferred Language \_\_\_\_\_  
Address \_\_\_\_\_ City/ST \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (H) \_\_\_\_\_ (Mobile) \_\_\_\_\_ (Work) \_\_\_\_\_  
Email \_\_\_\_\_ Would you like to receive exclusive e-mail offers and Discounts? Y N  
Drivers License (if a minor, please use guarantor) Issuing State \_\_\_\_\_ Number \_\_\_\_\_  
Primary Care Physician \_\_\_\_\_ Dermatologist \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_

### GUARANTOR INFORMATION (complete if different from above)

First Name \_\_\_\_\_ Last name \_\_\_\_\_ MI \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender: (M) (F) SSN \_\_\_\_\_  
Address \_\_\_\_\_ City/ST \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (H) \_\_\_\_\_ (Mobile) \_\_\_\_\_ (Work) \_\_\_\_\_  
How patient is related to me (circle one) : spouse my child other \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Primary Phone \_\_\_\_\_ Secondary phone \_\_\_\_\_

### INSURANCE INFORMATION (please allow us to make a copy of your card for your chart)

Is this visit the result of an auto or workplace accident? Y N If so, Date of Occurrence \_\_\_\_\_

Primary \_\_\_\_\_ Policy # \_\_\_\_\_  
Insured Party \_\_\_\_\_ Relationship \_\_\_\_\_  
Last First MI  
SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Primary phone \_\_\_\_\_

Secondary \_\_\_\_\_ Policy # \_\_\_\_\_  
Insured Party \_\_\_\_\_ Relationship \_\_\_\_\_  
Last First MI  
SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Primary phone \_\_\_\_\_

I HEREBY CONSENT TO THE TREATMENT BY DOCTORS OF UTAH FACIAL PLASTICS.

ASSIGNMENT OF BENEFITS: I hereby assign all medical and surgical benefits to include major medical benefits to which I am entitled, private insurance and any other health plan to: UTAH FACIAL PLASTICS. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges whether or not paid by said insurance, including collection fees, court costs and reasonable attorney fees. I hereby authorize said assignee to release all information necessary to secure the payment.

Should your account be turned over for collection, the undersigned agrees to pay all costs to collect the debt, including, but not limited to, interest in the amount of 18% per annum, attorney's fees, court costs, and collection fees in the amount of 40%. The obligation to pay the collection fees shall be imposed at the time of assignment of the debt to a third party debt collection agency.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_